## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591604

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL DEP.	8		0 🗲		0 🗲	
TOTAL CLAIMS	21	e e fermine e	0		0	375

PTO - 1360 (REV. 04/2007)

	40.5	II ES	AFTER		AFTER	
	AS FILED		1"AMENDMENT		2 MAMENDMENT	
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TOTAL IND.	0	•	0	•	0	•
TOTAL DEP	0	<b>+</b>	0	<b>4</b>	0	<b>+</b>
TOTAL CLAIMS	0		O TMENT of C		0	

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